



STATE OF MAINE

PERFORMANCE MANAGEMENT FORM

SECTION 1 - GENERAL INFORMATION															
1. EMPLOYEE'S NAME - LAST, FIRST, MIDDLE		2. DEPARTMENT, BOARD OR COMMISSION		3. DIVISION OR INSTITUTION											
4. EMPLOYEE NUMBER		5. EMPLOYEE'S CLASSIFICATION TITLE		6. PAY GRADE / STEP	7. POSITION #										
8. PERIOD OF REPORT <table border="1"><tr><td>FROM:</td><td>TO:</td></tr></table>		FROM:	TO:	9. TYPE OF REPORT (check all that apply) <table><tr><td><input type="checkbox"/> End of Probation</td><td><input type="checkbox"/> Change of Rater</td></tr><tr><td><input type="checkbox"/> Annual</td><td><input type="checkbox"/> Special Merit</td></tr><tr><td><input type="checkbox"/> Extension of Probation</td><td><input type="checkbox"/> Merit Increase</td></tr><tr><td><input type="checkbox"/> New Assignment</td><td><input type="checkbox"/> Termination</td></tr></table>				<input type="checkbox"/> End of Probation	<input type="checkbox"/> Change of Rater	<input type="checkbox"/> Annual	<input type="checkbox"/> Special Merit	<input type="checkbox"/> Extension of Probation	<input type="checkbox"/> Merit Increase	<input type="checkbox"/> New Assignment	<input type="checkbox"/> Termination
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SECTION 2 - CONCISE DESCRIPTION OF MAJOR JOB RESPONSIBILITIES															
SECTION 3 - PERFORMANCE EXPECTATIONS															
EXPECTATION:				<input type="checkbox"/> Exceeded											
RESULT:				<input type="checkbox"/> Met											
				<input type="checkbox"/> Did Not Meet											
EXPECTATION:				<input type="checkbox"/> Exceeded											
RESULT:				<input type="checkbox"/> Met											
				<input type="checkbox"/> Did Not Meet											
EXPECTATION:				<input type="checkbox"/> Exceeded											
RESULT:				<input type="checkbox"/> Met											
				<input type="checkbox"/> Did Not Meet											

SECTION 4 - ASSESSMENT OF COMPETENCIES RELATING TO JOB PERFORMANCE

The qualities shown below are qualities toward which every employee should strive. Please rate the employee on these qualities. Consider: (1) the employee's job description, (2) level of experience, and (3) the goals and expectations established in the previous evaluation. Comment on each rating. Comments are critical to documenting strengths and suggestions for improvement.

The rating factors are as follows: **NEEDS IMPROVEMENT** = Improvement is needed to meet acceptable standards **SATISFACTORY** = Fulfills the normal job requirements with some strong points **OUTSTANDING** = Exemplifies the competency and serves as a model for others.

CORE COMPETENCIES	Needs Improvement	Satisfactory	Outstanding
Initiative: Drives for results and success. Sets high standards of performance. Pursues aggressive goals and works hard to achieve them. Displays a high level of effort and commitment to performing the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability: Handles day-to-day work challenges confidently. Is willing to adjust to multiple demands, shift priorities, ambiguity and rapid change. Shows resilience in the face of constraints, frustrations or adversity. Demonstrates flexibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and Organizing Work: Defines and arranges activities in a logical and efficient manner. Effectively uses resources including time, money and materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making: Shares information and involves appropriate others in the decision-making process. Makes timely, logical decisions. Decisions are modified based on new information when appropriate. Takes responsibility for decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service: Seeks feedback from internal and external customers. Anticipates customer needs and provides quality services to customers. Continuously searches for ways to increase customer satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork: Contributes to organizational goals. Fosters collaboration among team members and among teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Relations: Shows respect and tolerance for each person. Relates well to others, possesses good listening skills, and demonstrates trust, sensitivity and mutual respect. Recognizes the contributions diversity brings to job performance and creativity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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KNOWLEDGE & SKILL	Needs Improvement	Satisfactory	Outstanding
Job Knowledge: Demonstrates appropriate level of understanding of relevant job knowledge. Consistently expands job knowledge and keeps abreast of new developments in the field.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communications: Speaks clearly and expresses self well in groups and in one-on-one conversations. Demonstrates attention to and conveys understanding of comments and questions of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communications: Conveys information clearly and effectively through formal and informal documents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS

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TERMS & CONDITIONS		Needs Improvement	Satisfactory
Works When Scheduled: Begins and ends work when required. Calls in according to policy when arriving late for work or when absent. Observes policies on break and lunch periods. Uses work time appropriately.		<input type="checkbox"/>	<input type="checkbox"/>
Requests and Uses Leave Time Appropriately: Submits leave requests on a timely basis. Requests and uses the proper type of leave in accordance with established rules. Provides documentation for use of leave when required.		<input type="checkbox"/>	<input type="checkbox"/>
Safety Clothing and Uniforms: Wears appropriate safety clothing, if required. Wears full, regulation uniform, where required.		<input type="checkbox"/>	<input type="checkbox"/>
Observes Health, Safety and Sanitation Policies: Observes established policies. Notifies proper authorities of circumstances or situations that present potential health or safety hazards.		<input type="checkbox"/>	<input type="checkbox"/>
Follows All Other Rules and Policies: Performs work according to rules and policies. Does not improperly use state property or knowingly permit others to do so. Does not engage in unauthorized activities during work time.		<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS			
MANAGERS <input type="checkbox"/> (Check here if this Section does not apply)		Needs Improvement	Satisfactory
		Outstanding	
Delegation/Follow-Up: Assigns responsibilities. Delegates responsibility and empowers others. Removes obstacles. Allows for and contributes needed resources. Coordinates work efforts when necessary. Monitors progress.		<input type="checkbox"/>	<input type="checkbox"/>
Staffing: Builds a strong team with complementary strengths. Forms the right structures and teams. Demonstrates leadership and holds employees accountable for safe work practices, fair employment practices and State and Federal AA/EEO requirements.		<input type="checkbox"/>	<input type="checkbox"/>
Coaching and Counseling: Gives timely, specific feedback and helpful coaching. Adapts approach to each individual.		<input type="checkbox"/>	<input type="checkbox"/>
Employee Development: Accurately assesses strengths and developmental needs of employees. Provides challenging assignments and opportunities for development.		<input type="checkbox"/>	<input type="checkbox"/>
Quality Focus: Emphasizes the need to deliver quality services. Defines standards for quality and evaluates processes and services against those standards.		<input type="checkbox"/>	<input type="checkbox"/>
Planning and Organizing: Develops short and long range plans that are appropriately comprehensive, realistic, and effective in meeting goals. Integrates planning efforts across work units. Handles multiple demands and competing priorities. Manages meetings effectively.		<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS			

SECTION 5 - EMPLOYEE DEVELOPMENT PLAN			
Indicate recommendations for further development and training for purposes of preparing the employee for additional responsibilities or for the improvement of current job.	Planned Development/Training Activities Agreed Upon by Employee and Supervisor.	Target Date	Actual Process (Did plan meet goals)?

SECTION 6 - PERIODIC REVIEW (This can be initiated by either the employee or the supervisor)
<i>The employee and supervisor may meet AS NECESSARY to review progress toward or changes to previously established expectations. Use the space below to document the meeting. The employee and supervisor should date and initial the document at the time of each review. Use additional sheets if necessary.</i>
Date: _____ (Initials) Employee: _____ (Initials) Supervisor: _____
Date: _____ (Initials) Employee: _____ (Initials) Supervisor: _____
Date: _____ (Initials) Employee: _____ (Initials) Supervisor: _____

SECTION 7 - OVERALL PERFORMANCE RATING (Check One)	
<input type="checkbox"/> Exceeded Expectations: <input type="checkbox"/> Met Expectations: <input type="checkbox"/> Did Not Meet Expectations:	

SECTION 8 - ADDITIONAL COMMENTS BY SUPERVISOR, IF APPROPRIATE

SECTION 9 - EMPLOYEE'S COMMENTS AND SIGNATURE

Employee may comment on all or any part of the information contained in this document including the evaluation process. This may include suggestions or ideas for improvement in the unit or department. If the employee does not concur with the evaluation, check the appropriate box and explain reasons for disagreement.

- ☐ I understand my job and individual responsibilities, performance expectations and the terms and conditions under which I am expected to work.
- ☐ (DO) ☐ (DO NOT) Concur with my supervisor's evaluation

EMPLOYEE SIGNATURE

DATE

SECTION 10 - MANAGEMENT APPROVAL**MERIT INCREASE**

☐ Yes ☐ No ☐ Not Applicable

PROBATION

☐ End ☐ Extend ☐ Not Applicable

I have personally discussed the content of this document with the employee
SUPERVISOR SIGNATURE/TITLE:

DATE

REVIEWER SIGNATURE/TITLE:

DATE

AGENCY HEAD SIGNATURE/TITLE

DATE

USE THIS SPACE TO DOCUMENT ADVERSE DECISIONS ON MERIT INCREASE OR PROBATION:

<p>EXPECTATION:</p>	<input type="checkbox"/> Exceeded
<p>RESULT:</p>	<input type="checkbox"/> Met
	<input type="checkbox"/> Did Not Meet

<p>EXPECTATION:</p>	<input type="checkbox"/> Exceeded
<p>RESULT:</p>	<input type="checkbox"/> Met
	<input type="checkbox"/> Did Not Meet

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